



# 2014 S.L. Gimbel Foundation Fund Grant Application

Internal Use Only: Grant : _____
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## Organization / Agency Information

20150045

<b>Organization/Agency Name:</b> Idyllwild HELP Center 157		
<b>Physical Address:</b> 26330 Highway 243		<b>City/State/Zip</b> Idyllwild, CA 92549
<b>Mailing Address:</b> P.O. Box 660		<b>City/State/Zip</b> Idyllwild, CA 92549
<b>CEO or Director:</b> Karen Patterson,		<b>Title:</b> Executive Director
<b>Phone:</b> 951.659.2110	<b>Fax:</b> 951.659.6243	<b>Email:</b> info@idyllwildhelpcenter.org
<b>Contact Person:</b> Karen Patterson,		<b>Title:</b> Executive Director
<b>Phone:</b> 951.659.2110	<b>Fax:</b> 951.659.6243	<b>Email:</b> info@idyllwildhelpcenter.org
<b>Web Site Address:</b> www.idyllwildhelpcenter.org		<b>Tax ID:</b> 330496201

## Program / Grant Information

**Interest Area:**  Health  Environment  Animal Protection  Education  Human Dignity

<b>Program / Project Name:</b> Rural Healthcare Assistance Voucher for Seniors Program		
<b>Amount of Grant Requested:</b> \$15,000	<b>Total Organization Budget:</b> \$204,800	<b>Percentage of Organization's Total Budget used for Administration:</b> 10%
<b>Purpose of Grant Request (one sentence):</b> Grant funding would support our Rural Healthcare Assistance Voucher for Seniors program, which provides financial access (healthcare assistance vouchers) and/or physical access (transportation vouchers) to low income seniors (55+) in need of medical, dental and vision care.		
<b>Gimbel Grants Received: List Year(s) and Award Amount(s)</b> N/A		

## Signatures

<b>Board President / Chair: (Print name and Title)</b> Deanna Collins President	<b>Signature:</b> Deanna Collins <sup>nk</sup>	<b>Date:</b> July 23 2014
<b>Executive Director/President: (Print name and Title)</b> Karen Patterson Executive Director	<b>Signature:</b> Karen Patterson	<b>Date:</b> 7/23/14

**I. Organization Background; Target Population:**

The mission of the Idyllwild HELP Center (IHC) is simply "To Help Those in Need". Since 1992, the IHC has provided that help through the distribution of food, clothing, firewood, utility and healthcare assistance to individuals and families who are low-to-no income and to the medically fragile. The IHC is the only structured facility in the communities of the San Jacinto Mountains that provides basic safety net services to the working poor, low income, fixed income and homeless clients. Last year, we provided food assistance to over 2,257 individuals through our Emergency Food Pantry and Food Voucher program.

Though the Idyllwild HELP Center is a small agency, serving an isolated rural population, we have consistently served about 15% of our community. We are proud that in this time of economic instability we have maintained our ability to care for so many. We were able to secure funding from several of California's largest health and human services grant makers and have developed an aggressive grant seeking strategy. We have developed an extensive resource list both in and around our direct service area, and we have developed solid collaborative partnerships that allow us to maximize the resources available through our small agency. The IHC has been able to handle an increased number of participants in our program partly because we employ a "hand up" strategy. We ask each recipient of our services to volunteer their time in our Thrift Store, or where their skills can best be utilized. Through this exchange of services for time, our recipients contribute to the care we gave them and give to others. We were recently awarded a grant that will allow us to upgrade our Client Services software so that we can begin to keep detailed statistics on our clients are help create a comprehensive service plan for each client.

The Idyllwild HELP Center is located within the heart of Idyllwild and serves the adjacent communities of Pine Cove, Fern Valley, and Mountain Center. The area has a population base of approximately 5,000 residents, of which 13% are classified by the US Census as living below the poverty level. Yet, the cost of living for these mountain communities is 23.8% higher than the U.S. average. The majority of the families served (67%) by the IHC are defined as having "Extremely Low" incomes (HUD Income limits for Riverside County), and struggle with an unemployment rate just under 13%. Unemployment in the Idyllwild area increased over 5% in the last year and last summer's Mountain Fire has exacerbated the tenuous condition for many of our clients, since most work in low paying service related jobs that are reliant upon the summer tourist economy. A brief demographic overview of the Idyllwild mountain communities reveals that 34% are seniors and 28% are female headed households with children. Indeed, 37% of the population over 16 years of age is not in the labor force, and of those who are working, 67% must now commute out of the mountains to find employment. The IHC conducts 10 interrelated programs that target basic needs services. Our Emergency Food Pantry provides access to nonperishable foods, the Rural Health Care Assistance & Access Vouchers are provided to clients in need of medical care, Utility and Heating support, our Children's Fund provides local children with school supplies and funding for extracurricular sports and school related activities. IHC staff provides resources and referrals to county services. Additionally, we collaborate with the County's Alternative Sentencing and Sheriff's Labor Programs, and other county sponsored homeless assistance programs to ensure that our clients have all opportunities for rehabilitation. The IHC Thrift Store functions to generate income to cover our administrative costs, provides the clients a way to volunteer and give back to their community, and provides clothing and other basic resources for our highest need clients.

## **II. Project Information:**

The Idyllwild HELP Center (IHC) is requesting \$15,000 in support for our Rural Healthcare Access & Assistance Voucher program, specifically for our Senior (55+) clients. In the last several years, we have seen an increase in seniors applying for our program to help cover medication costs resulting from the Medicare “doughnut hole” and for transportation vouchers. Indeed, too often we hear stories from our senior clients who struggle over meeting their basic needs and so often choose to forgo needed medical check-ups or renewing medications. While we understand how these short term decisions are made, the longer term implications can be medically disastrous and financially devastating. While many of the seniors we serve are either afforded medical insurance through the Affordable Care Act or through Medi Care the costs of co-pays and transportation have continued to be a significant barrier to healthcare access. Being geographically remote makes accessing medical care especially challenging for most of our clients due to a lack of insurance or the cost of travel to a practitioner. Thus, our clients must travel a minimum of 25 miles through mountain roads to seek care; including basic services such as, physician office visits, dental and vision care, pharmaceuticals, and laboratory testing. Attaining advanced services and or access to a Riverside County clinic requires extensive travel.

The primary goal for the Rural Healthcare Assistance Voucher program is to provide financial access (healthcare assistance vouchers) and/or physical access (transportation vouchers) to low income seniors in need of medical care. Specifically, clients will have been able to visit their primary care physician and or received follow up care. All program participants are classified as low income, and are at least 55 years of age. Currently, each recipient of our program has been able to apply for up to \$100 in healthcare support and can receive an additional \$25 transportation voucher, based upon funding availability and is offered on a first come –first serve basis. However, we understand from our senior clients that these funds are exhausted too quickly to cover their MediCare medication “dough-nut” hole expenses or that the transportation costs to specialists becomes too burdensome to afford.

**Objective I:** Increase the number of seniors served by the IHC Rural Healthcare Assistance Voucher program. Currently, we do not have reserved funds for our senior clients within this program, thus we could restrict these funds to assist more seniors and still continue to support our young families and children.

**Activities:** Invite current IHC eligible recipients to apply for the program. Announce through our local newspaper that funding for seniors is now available.

**Objective II:** Increase the total amount of aid available from \$100 to \$200.

**Activities:** Reimburse seniors client up to \$200 in eligible healthcare expenses.

**Objective III:** Increase the amount of transportation aid clients can receive from \$25 to \$50.

**Activities:** Reimburse seniors client up to \$50 in eligible healthcare transportation expenses.

Announcements about the availability of funding and disbursement could begin as soon as we are notified of the award. Funds would be distributed to eligible seniors on a first come-first serve basis. It is estimated that the funds would be distributed within six months by serving just 8 clients per month.

Approximately, 50 unduplicated senior (55+) clients would be served.

The Idyllwild HELP Center is the only structured safety-net provided in the community providing healthcare support. We collaborate with and make referrals to many Riverside County agencies; however, no other resource provides similar healthcare support resources. Our volunteers are mainly utilized within our Thrift Store

The primary project objective of this program is to ensure that 50 senior IHC clients gain access to needed healthcare. The secondary objective is to provide these same 50 seniors with new resources and connections so that they are not dependent upon the IHC for their future healthcare needs. The key outcomes for the program are 1: Seniors are able to access needed healthcare services as evaluated by their visitation to a medical professional, or in acquiring needed treatments, and or medications. 2: Clients do not solely rely upon the IHC for continued healthcare support as evaluated by their utilization of all possible resources. We define achievement by how each client secures healthcare access through their utilization of our program and through the use of our referral sources. We will be able to assess the achievement of our program goals through the review of our progress logs, client interviews, and the decreased program utilization of our clients. We are easily able to keep track of all funding and the progression of the clients in our program. We have been able to streamline the program protocols from client entry all the way through their utilization of the vouchers. We track each client's progress through the program in contact and referral logs to ensure that clients are able to maximize the information provided to them. Because of our personal and in-depth involvement with our clients, we can assess their progress as they seek and utilize healthcare through the voucher program.

Grant funds will be used to reimburse IHC senior clients, who have been accepted into the Rural Healthcare Access & Assistance Voucher program, for healthcare expenses (e.g., office co-pays, medication expenses, lab testing, etc.) and/or for transportation expenses (e.g., fuel to and from healthcare providers). Additionally, a small percentage will be used to support program staff costs (10%).

### **III. Project Future**

The Idyllwild HELP Center is committed to the health and wellness of our community and have embarked upon an aggressive search for new grant funding to supplement the cost of this program. When funding a client through this program, like all of our programs, we engage the client in a problem solving conversation to identify ways in which the client can avoid needing the IHC services. We are hopeful that healthcare reform will make a positive impact of the current problems our seniors are facing in accessing their healthcare.

### **IV. Governance, Executive Leadership and Key Personnel/Staff Qualifications**

The Idyllwild HELP Center has a 10-member board of directors composed of local residents who know the community well and who all serve as ambassadors for the agency. The Board of Directors and the Executive Director meet monthly to review and discuss agency services, needs, and opportunities. The Board and the Executive Director are responsible for making significant agency decisions and the board provides oversight to the Executive Director about the day to day operations. The Idyllwild HELP Center employs two highly qualified individuals and an extensive group of volunteers to conduct our many services. Both the Executive Director and Client Services Administrator have served for nearly 8 years, establishing an efficient system of participant tracking, a resource directory, as well as developing a financial and grant management process.

**Organization Name: Idyllwild HELP Center**

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**2014 S.L. Gimbel Foundation APPLICATION**

**V. Project Budget**

A) Please provide a detailed line-item budget for your project by completing the table below.  
 Include all sources of funding for the proposed project.

<b>Line Item Description</b>	<b>Line Item Explanation</b> (Formula/equation used as applicable. Example: 40 books @ \$100 each = \$4000)	<b>Support From Your Agency</b>	<b>Support From Other Funders</b>	<b>Requested Amount From TCF</b>	<b>Line Item Total of Project</b>
Healthcare Vouchers	Financial support for medical office visits, co-pays, labs, and medical prescriptions (\$200 x 50.75 participants = 10,150)	\$10,000	\$26,250	\$10,150	\$46,400
Transportation support	Gas vouchers for travel to medical care visits (\$50 x 67 participants = \$3,350)	\$5,000	\$8,750	\$3,350	\$17,100
Program Staff Support	Supplements staffing expenses: position title; hourly rate and the number of hours (\$17/ hr x 10 hours/ week x 8.82 weeks = \$1,500)	\$1,950	\$4,550	\$1,500	\$8,000
<b>TOTALS:</b>		\$16,950	\$39,550	\$15,000	\$71,500

## 2014 S.L. Gimbel Foundation APPLICATION

### V. Project Budget

A) Please provide a detailed line-item budget for your project by completing the table below. Include all sources of funding for the proposed project.

Line Item Description	Line Item Explanation (Formula/equation used as applicable. Example: 40 books @ \$100 each = \$4000)	Support From Your Agency	Support From Other Funders	Requested Amount From TCF	Line Item Total of Project
Healthcare Vouchers	Financial support for medical office visits, co-pays, labs, and medical prescriptions	\$10,000	\$26,250	\$10,150	\$46,400
Transportation support	Gas vouchers for travel to medical care visits	\$5,000	\$8,750	\$3,350	\$17,100
Program Staff Support	Supplements staffing expenses	\$1,950	\$4,550	\$1,500	\$8,000
<b>TOTALS:</b>		\$16,950	\$39,550	\$15,000	\$71,500

**VI. Sources of Funding:** Please list your current sources of funding and amounts.

#### *Secured/Awarded*

Name of Funder: Foundation, Corporation, Government	Amount
California Wellness Foundation	\$33,000
Mann Family Foundation	\$5,000
The Community Foundation - Idyllwild Community Fund	\$3,600
Weingart Foundation	\$25,000

#### *Pending*

Name of Funder: Foundation, Corporation, Government	Amount	Decision Date
Marion Esser Kaufmann Foundation	\$10,000	Pending
Carol and Kent H. Landsberg Foundation	\$4,500	Pending
Disney Foundation	\$5,000	Pending

**VII. Financial Analysis**

Agency Name: Idyllwild HELP Center  
 Most Current Fiscal Year (Dates): From 7/1/2014 To: 6/30/2015

This section presents an overview of an applicant organization’s financial health and will be reviewed along with the grant proposal. Provide all the information requested on your entire organization. Include any notes that may explain any extraordinary circumstances. Information should be taken from your most recent 990 and audit. Double Check your figures!

**Program to Total Expenses Ratio:** Percentage of expenses used to support programming versus how much is spent for general management and fundraising. A general rule is that at least 75 percent of total expenses should be used to support programs – the higher the percentage the better.

Program Expenses	/Total Operating Expenses	= Program Expense Ratio
\$ 190,309	\$ 232,423	82 %
990: Part IX, Column B, Line 25	990: Part IX, Column A, Line 25	

Administrative Expense (100%-Program Expense ratio) per 990 above	Percentage of Organization’s Current Total Budget used for Administration (from cover page)	Differential
13%	10%	3%

If the differential is above (+) or below (-) 10%, provide an explanation:

The IHC has only two staff that provides all program support and has few administrative demands.

**Quick Ratio:** Measures the level of liquidity and measures only current assets that can be quickly turned to cash. A generally standard Quick Ratio equals 1 or more.

Cash	+ Accounts Receivables	/Current Liabilities	= Quick Ratio
\$98,411	\$63,654	\$11,526	14.06

**Excess or Deficit for the Year:**

Excess or (Deficit) Most recent fiscal year end	Excess or (Deficit) Prior fiscal year end
\$-18,427	\$-32,141

Notes:

**Diversity of Funding Sources:** A financially healthy organization should have a diverse mix of funding sources. Complete those categories that apply to your organization using figures from your most recent fiscal year.

Funding Source	Amount	% of Total Revenue	Funding Source	Amount	% of Total Revenue
Contributions	\$29,772	14%	Program Fees	\$	
Fundraising/Special Events	\$28,509	13%	Interest Income	\$38	>1%
Corp/Foundation Grants	\$22,369	10%	Other: Thrift Store	\$127,308	59%
Government Grants	\$6,000	3%	Other:	\$	

Notes:

**VIII. Application submission check list:**

# IDYLLWILD HELP CENTER

## BOARD OF DIRECTORS

January 20, 2014

**Linda Anderson:** PO Box 1086, Idyllwild CA 92549 951-659-4502; Cell: 310-710-3350

**Vocation:** Retired Dental Hygienist

**Past and Present Volunteer Service:** Idyllwild Help Center Board; Associates of Idyllwild Arts Foundation; Art Alliance of Idyllwild; Will Rogers State Park; UCLA Art Gallery and Sculpture Garden; Westside Jr. Philharmonic; Club 100 for the LA Music Center.

**Email:** [citygirl@greencafe.com](mailto:citygirl@greencafe.com)

**Lou Bacher:** PO Box 430, Idyllwild CA 92549 951-659-5364; Cell: 760-533-6692

**Vocation:** Retired Educator and Psychologist, Antiques, Collectibles and Estate Sales

**Past and Present Volunteer Service:** **Past President**, Idyllwild Help Center Board; AIDS Caregivers Organization, 6 years; Counselor and Grant Writer for various Non-Profits.

**Email:** [loubacher@gmail.com](mailto:loubacher@gmail.com)

**Deanna Collins:** PO Box 867, Idyllwild CA 92549 951-659-8104

**Vocation:** Retired High School Counselor and Program Specialist in Special Education

**Past and Present Volunteer Service:** **Vice President**, Idyllwild Help Center Board; Crisis Counseling for Interfaith; Counseling for hospice; Idyllwild Quilters; Associates of Idyllwild Arts Foundation; Idyllwild Area Historical Society.

**Email:** [dcollins333@hotmail.com](mailto:dcollins333@hotmail.com)

**Sam Crowell:** PO Box 1511, Idyllwild, CA 92549 951-659-4560; Cell: 909-856-4070

**Vocation:** Retired Professor - currently writer and consultant

**Past and Present Volunteer Service:** Idyllwild HELP Center, Past President of "Skillful Meditation Project" a non-profit, served on several educational boards

**Email:** [sam@greencafe.com](mailto:sam@greencafe.com)

**Larry Edwards:** P.O. Box 1262, Idyllwild, CA 92549 Cell: 951-392-0641

**Vocation:** Retired Accountant and CPA, Graduated from the University of Alabama

**Past and Present Volunteer Service:** **President/Treasurer**, Idyllwild HELP Center Board Member, lead a support group/quilting group at the Desert AIDS Project, on Board of Directors and Treasurer of the Idyllwild Mountain Quilters, volunteer for the USFS distributing hiking and camping permits and volunteer as a fire lookout host at the Black Mountain fire lookout tower

**Email:** [pinkiemeringue@yahoo.com](mailto:pinkiemeringue@yahoo.com)

**Scott J. Foster:** P.O. Box 660, Idyllwild, CA 92549 Cell: 310-967-9676

**Vocation:** Scott's multi-faceted career has spanned the globe, creating original content for TV, radio, film and stage. His passion for creativity and his unique life experience have molded him into an award-winning filmmaker and visionary. Scott's passion for entertaining and improving the lives of his fellow human beings through creativity is what keeps him dancing down the path of life. He continues to perform live, whether it's hosting his own open mic night or belting out vocals as the frontman of a guitar-driven rock band. Scott is a member of Actor's Equity, SAG/AFTRA, ASCAP, NAMIC, The International Documentary Association, The New York Young Professionals of The Nature Conservancy and the Chairman of the Idyllwild International Festival of Cinema.

**Email:** [scottjfoster@yahoo.com](mailto:scottjfoster@yahoo.com)



**Nanci Killingsworth:** PO Box 3708, Idyllwild CA 92549 951-659-0575; Cell: 951-990-3909

**Vocation:** Mosaic Artist, Former Esthetician, Antique Shop Owner

**Past and Present Volunteer Service:** Idyllwild HELP Center, Sexual Assault Advocate for Center Against Sexual Assault, Advocate of the Year 2006, Idyllwild Historical Society Board Member, Chair of Idyllwild Home Tour, Rotary Ann Past President and Board Member, San Diego Old Mission Rotary Club Member, San Diego Historical Society Membership Committee, Designer Showcase Fundraising Committee, San Diego Copley Y Volunteer.

**Email:** [benbk@aol.com](mailto:benbk@aol.com)

**Diana Kurr:** P.O. Box 1892, Idyllwild, CA 92549 Cell: 951-992-9892

**Vocation:** Retired Educator

**Past and Present Volunteer Service:** Idyllwild HELP Center Board Member, Associates of Idyllwild Arts Foundation, President, Mountain Quilters of Idyllwild, Idyllwild Area Historical Society, Idyllwild Nature Center, Past President Alpha Delta Kappa Teacher Sorority (Riverside) and Former Board Member, Anglican Cursillos of Los Angeles Diocese.

**Email:** [terrykurr@yahoo.com](mailto:terrykurr@yahoo.com)

**Margaret Mary Leusch:** PO Box 307, Idyllwild CA 92549 Cell: 951-315-9386

**Vocation:** Retired Educator, Administrator of several Non-Profit Organizations and former Spiritual Care Counselor

**Past and Present Volunteer Service:** **Secretary**, Idyllwild Help Center Board; Queen of Angels Catholic Church; past President and other offices of Soroptimist International of Palm Desert, Gallup NM, and Idyllwild; Spirit Mountain Retreat, Board Member.

**Email:** [margaretmaryleusch@gmail.com](mailto:margaretmaryleusch@gmail.com)

**Bill Whitman:** Idyllwild, CA 92549, 951-659-5163

**Vocation:** **Attorney and Physical Therapist**

**Past and Present Volunteer Service:** Idyllwild HELP Center, Coordinator-Mentor program at John Marshall Elementary School, USD Pro Bono Legal Advocates, Board Member Witness for Peace delegation to Nicaragua, Habitat for Humanity House Building project in Tijuana.

**Email:** [whitmanpt@gmail.com](mailto:whitmanpt@gmail.com)

### **Executive Director**

**Karen Patterson:** PO Box 685, Idyllwild CA 92549 951-659-0432

**Vocation:** Executive Director, Idyllwild HELP Center; Office Manager, Mountain Fire Abatement (2 years); QuickBooks for Chamber of Commerce; Owner of Organization by Karen; Medical Assistant, (10 years); Manager of retail stores, (5 years); Owner of Karen's Medical Transcription Business, (2 years).

**Past and Present Volunteer Service:** Board of Directors of Emergency Food and Shelter Program, Member of Older Adult System of Care of Riverside County, Member of the Continuum of Care, Member of National Alliance on Mental Illness, and Member of Western Regional of Riverside County on Homelessness, Board of Directors Mountain Communities Fire Safe Council and Idyllwild Museum, Medical Health Clinic in San Diego, Member of the Idyllwild Rotary Club, Certified Volunteer for the American Red Cross Riverside Chapter, Certified Community Emergency Response Team Member.

**Email:** [ed@idyllwildhelpcenter.org](mailto:ed@idyllwildhelpcenter.org)

## 2013 - 2014 Idyllwild HELP Center

### INCOME

Fund Raising Income	\$	30,000.00	
General Donations	\$	40,000.00	
Interest Income	\$	75.00	
Thrift Store Income	\$	55,050.00	
Subtotal IHC Income	\$	125,125.00	
4020 New Grant Funds	\$	90,500.00	*Program specific funding
Total IHC Income	\$	215,625.00	

### EXPENSES

#### Programs

Healthcare Vouchers	\$	55,000.00	
Food Pantry/Emergency Shelter	\$	7,500.00	
Utility Support Program	\$	8,000.00	
Children's Fund	\$	6,000.00	
Holiday Funds	\$	4,000.00	
Total Program Expenses	\$	80,500.00	*all amounts are contingent upon funding

#### Business Expenses

Advertising	\$	200.00	
Professional Services	\$	10,000.00	
General Insurance	\$	3,200.00	
Maintenance	\$	3,800.00	
Property Taxes	\$	2,500.00	
Utilities	\$	6,200.00	
Printing	\$	100.00	
Office Supplies	\$	4,100.00	
Dues and Memberships		-	
Total Business Expenses	\$	30,100.00	

#### Employee Costs

Payroll Expenses and Wages	\$	85,000.00	
Workers Compensation	\$	2,300.00	
Mileage Reimbursement	\$	200.00	
Total Employee Costs	\$	87,500.00	20% Admin cost all other personnel costs are program specific

#### Fundraising & Misc Expenses

Grant Funds Services Expenses	\$	10,000.00	
Fund Raising Costs	\$	4,000.00	
Special Event Expense	\$	200.00	
Bank Charges	\$	500.00	
Total Other Expenses	\$	14,700.00	

Total HC Operating Expenses	\$	212,800.00	
Total HC Income	\$	215,625.00	
Net HC Income/Expense	\$	2,825.00	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	28,369.	28,369.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	40,990.	20,865.	2,012.	18,113.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	85,816.	85,816.		
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	16,040.	16,040.		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,712.		7,712.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)				
12 Advertising and promotion				
13 Office expenses	747.		747.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	496.		496.	
23 Insurance	6,401.	6,401.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>HELP CENTER ASSISTANCE PROGRAM</u>	20,539.	19,218.	1,321.	
b <u>ADMINISTRATION EXPENSES</u>	11,599.		11,599.	
c <u>SALES TAX</u>	10,850.	10,850.		
d <u>BANK SERVICE CHARGE</u>	2,755.	2,750.	5.	
e All other expenses	109.			109.
25 Total functional expenses. Add lines 1 through 24e	232,423.	190,309.	23,892.	18,222.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				



STATE OF CALIFORNIA  
FRANCHISE TAX BOARD  
PO BOX 1286  
RANCHO CORDOVA CA 95741-1286

In reply refer to  
755:G :GRW

January 3, 2011

IDYLLWILD HELP CENTER  
PO BOX 660  
IDYLLWILD CA 92549-0660

Purpose : CHARITABLE  
Code Section : 2370ld  
Form of Organization : Corporation  
Accounting Period Ending: June 30  
Organization Number : 1838250

#### EXEMPT DETERMINATION LETTER

This letter confirms your previous exemption from state franchise and income tax under Section 2370ld, Revenue and Taxation Code. In confirming your exempt status, we have made no examination of your current activities. If the organization has changed its operation, character, or purpose since exemption was originally granted, that change must be reported immediately to this office.

The tax-exempt status is effective as of 06/01/1992.

To retain exempt status, organizations are required to be organized and operating for nonprofit purposes within the provisions of the above section. An inactive organization is not entitled to exemption.

For filing requirements get, FTB Pub. 1068, Exempt Organizations - Filing Requirements and Filing Fees. Go to [ftb.ca.gov](http://ftb.ca.gov) and search for 1068.

Note: This exemption is for state franchise or income tax purposes only.

G WALKER  
EXEMPT ORGANIZATIONS  
BUSINESS ENTITIES SECTION  
TELEPHONE (916) 845-4171  
FAX NUMBER (916) 845-9501

RTF:



P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248667580  
Sep. 07, 2010 LTR 4168C E0  
33-0496201 000000 00  
00018538  
BODC: TE

IDYLLWILD HELP CENTER  
PO BOX 660  
IDYLLWILD CA 92549-0660



3030

Employer Identification Number: 33-0496201  
Person to Contact: Mr. Lockhart  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Aug. 26, 2010, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 1992.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan, Oper. Mgr.  
Accounts Management Operations I



# The Community Foundation

Serving the Counties of Riverside and San Bernardino

## S. L. Gimbel Foundation Fund

### BOARD OF DIRECTORS

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Sean Varner  
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Dr. Henry Shannon

Beverly Stephenson

Dr. Jonathan Lorenzo Yorba  
President and CEO

March 6, 2015

Mrs. Karen K. Patterson  
Executive Director  
Idyllwild Help Center  
PO Box 660  
Idyllwild, CA 92549

Dear Mrs. Patterson:

Congratulations! A grant has been approved for **Idyllwild Help Center** in the amount of **\$15,000** from the S.L. Gimbel Foundation. The **performance period for this grant is March 1, 2015 to February 28, 2016**. Additional funding beyond the performance period is not guaranteed. It is highly recommended that alternative funding sources be sought accordingly. The grant is to support the following as specified in your proposal:

***Rural Healthcare Assistance Voucher for Seniors Program: Provide financial access (healthcare assistance vouchers) and/or physical access (transportation vouchers) to low income seniors (55+) in need of medical, dental, and vision care.***

This grant is subject to the terms outlined in the enclosed Grant Agreement. After you have reviewed the terms and conditions of the Grant Agreement, please sign and date the enclosed copy and return the original copy to The Community Foundation within the next two weeks. Please retain a copy of the signed agreement for your records. Funds will be released upon receipt of the signed Grant Agreement.

A condition of this grant is that you agree to submit the Grant Evaluation Form which includes a narrative report and fiscal report. The **Grant Evaluation is due by March 15, 2016** and a copy will be available online.

We wish you great success and look forward to working with you during the grant performance period.

If you have any questions, please call me at 951-684-4192 ext. 114 or email me at [ccudiamat@thecommunityfoundation.net](mailto:ccudiamat@thecommunityfoundation.net).

Sincerely,

Celia Cudiamat  
Executive Vice President of Programs

157 Idyllwild Help Center 20150045 GIMB1



Confirmed in Compliance  
with National Standards for  
U.S. Community Foundations



The credit line of "Made possible in part by a grant from the "S.L. Gimbel Foundation Advised Fund at The Community Foundation – Inland Southern California" is suggested. When your donors are listed in printed materials, include the S.L. Gimbel Foundation Advised Fund at The Community Foundation in the appropriate contribution size category. When publishing our name, please note the "The" at the beginning of our name is a legal part of our name. It should always be used and capitalized. Attaching our logo is also appreciated. Our logo can be downloaded from our website at [www.thecommunityfoundation.net](http://www.thecommunityfoundation.net).

**7. Indemnification**

In the event that a claim of any kind is asserted against the Grantee or the Foundation related to or arising from the project funded by the Grant and a proceeding is brought against the Foundation by reason of such claim, the Grantee, upon written notice from the Foundation, shall, at the Grantee's expense, resist or defend such action or proceeding, at no cost to the Foundation, by counsel approved by the Foundation in writing.

Grantee hereby agrees, to the fullest extent permitted by law, to defend, indemnify, and hold harmless the Foundation, its offices, directors, employees, and agents, from and against any and all claims, liabilities, losses, and expenses (including reasonable attorneys' fees) directly, indirectly, wholly, or partially arising from or in connection with any act or omission by Grantee, its employees, or agents in applying for or accepting the Grant, in expending or applying the Grant funds or in carrying out any project or program supported by the Grant, except to the extent that such claims, liabilities, losses, and expenses arise from or in connection with any bad faith act or omission by the Foundation, its officers, directors, employees, or agent.

**8. Termination**

The Community Foundation may terminate this agreement, withhold payments, or both at any time, if, in the Community Foundation's judgment: a) The Community Foundation is not satisfied with the quality of the Grantee's progress toward achieving the project goals and objectives; b) the Grantee dissolves or fails to operate; c) the Grantee fails to comply with the terms and conditions of this agreement.

**9. Limitation of Support**

This Agreement contains the entire agreement between the parties with respect to the Grant and supersedes any previous oral or written understandings or agreements.

\*\*\*\*\*

**I have read and agree to the terms and conditions of the Grant Agreement.**

Karen Patterson  
**Signature**  
KAREN PATTERSON  
**Printed Name**

4-9-15  
**Date**  
E. Director  
**Title**

Organization: 157 Idyllwild Help Center  
Grant Number: 20150045

cc  
4/14/15



# The Community Foundation

Serving the Counties of Riverside and San Bernardino

## *S. L. Gimbel Foundation Fund*

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Dr. Albert Karnig

D. Matthew Pim

Teresa Rhyne

Dr. Henry Shannon

Beverly Stephenson

Randall Tagami

Diane Valenzuela

Dr. Jonathan Lorenzo Yorba  
President and CEO

April 14, 2015

Mrs. Karen K. Patterson  
Executive Director  
Idyllwild Help Center  
PO Box 660  
Idyllwild, CA 92549

Dear Mrs. Patterson:

The Community Foundation is pleased to enclose a grant check for \$15,000 from the S. L. Gimbel Foundation, a component fund at The Community Foundation. By cashing the grant check, you are agreeing to the conditions stated under the *Terms of Grant* which you have signed and returned. The completed Grant Evaluation form is due by March 15, 2016 and will be available online on The Community Foundations website under Grants/Forms. Please note that any grant variances or extensions must be requested in writing and in advance. Any remaining grant funds must be returned to The Community Foundation at the end of the grant period.

We greatly appreciate any help you can give us in publicizing the grant. Please use the following credit in any grant announcements or materials funded by the grant: "The (name of project/program) is supported by a grant from The S. L. Gimbel Foundation." You may send copies of articles printed in local papers, stories in your agency newsletter, annual report, press releases, and other publications for our files.

If you have any questions, please contact me at 951-684-4194.

Sincerely,



Celia Cudiamat  
Executive Vice President of Programs

20150045

38883

GIMBI

KAREN,  
I READ IN THE TOWN CRIER THAT  
YOU ARE LEAVING IDYLLWILD. GOOD  
LUCK IN AZ & PLEASE EMAIL ME  
AS TO THE NEW ED THANKS



Confirmed in Compliance  
with National Standards for  
U.S. Community Foundations

HELD TO LIGHT TO VIEW WATERMARK IN PAPER'S HEAT SENSITIVE RED IMAGE DISAPPEARS WITH HEAT. DETECTION CIRCLE REVEALS A LOCK WHEN TESTED.

38883

**The Community Foundation**

Strengthening Inland Southern California through Philanthropy  
3700 SIXTH STREET, SUITE 200  
RIVERSIDE, CA 92501  
951-241-7777 / FAX 951-684-1911

**CITIZENS BUSINESS BANK**

A Financial Services Company  
3695 Main Street, Riverside, CA 92501  
90-3414-1222

Check Fraud Protection for Business

PAY \* Fifteen Thousand and no/100 \*

TO THE ORDER OF

DATE

AMOUNT

03/06/2015

\$\*\*\*\*15,000.00

Idyllwild Help Center  
PO Box 660  
Idyllwild, CA 92549



*Celia Andriana*  
*Jonathan Lorenzo Yalva*  
AUTHORIZED SIGNATURE

Security features. Details on back.

⑈038883⑈ ⑆122234149⑆ 244124437⑈

The Community Foundation

38883

157 Idyllwild Help Center

03/06/2015 038883

20150045	03/04/2015	Rural Healthcre Assistance Vucer for Seniors Program	15,000.00
GIMB	S.L. Gimbel Foundation Advised Fund		15,000.00

CHECK TOTAL: \$\*\*\*\*15,000.00

The Community Foundation

38883

157 Idyllwild Help Center

03/06/2015 038883

20150045	03/04/2015	Rural Healthcre Assistance Vucer for Seniors Program	15,000.00
GIMB	S.L. Gimbel Foundation Advised Fund		15,000.00

CHECK TOTAL: \$\*\*\*\*15,000.00